

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3	2						
4	2						
5	2						
6	2						
7	2						
8	1						
9	2						
10	1						
11	1						
12	1						
13	1						
14	1						
15	3						
16	3						
17	3						
18	3						
19	3						
20	3						
21	2						
22	3						
23	3						
24	3						
25	1						
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43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	5						
TOTAL DEP.	49						
TOTAL CLAIMS	51						